

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-037-742

FILING DATE

3-10-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				—	
2		/			—	
3	2		/		—	
4	3		/		—	
5	2		/		1	
6	1				1	
7					1	
8					1	
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TOTAL IND.	1				1	
TOTAL DEP.	5	→	→	→	6	→
TOTAL CLAIMS	6				7	

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.		→	→	→
TOTAL CLAIMS				